

Claims Administration in the Ohio Bureau of Unemployment Compensation*

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The administration of the Ohio Unemployment Compensation Law affects hundred of thousands of workers and their employers each year. Within this huge field the practice of lawyers is generally confined (apart from counselling) to representation at the level of appeals to the courts, and in some instances representation at the level of appeals to the Unemployment Compensation Board of Review and its referees. As background, however, lawyers, industrial relations counsel, personnel directors, labor union representatives and other interested persons have need of familiarity with the administrative process at the earlier stages in which future court cases are already being shaped, sometimes definitively. For this purpose the present report is included in this symposium. So far as is known, it is the first of its kind in this field—having the limitations but also, we hope, the advantages of its unique position.

The Ohio Unemployment Compensation Act, embracing Sections 1345-1 to 1345-35 and 1346 to 1346-5 of the Ohio General Code, and the Regulations of the Bureau of Unemployment Compensation (BUC), constitute the legal framework of the administrative process required by the unemployment compensation program. An acquaintance with them is essential to the understanding and use of the remainder of this report, but they cover nearly a hundred printed pages, and cannot be reproduced here. The following paragraphs attempt a rudimentary sketch of the major concepts involved. Others will be explained elsewhere in the course of the

* This report is taken from Part I of a case study of the administrative procedures for review of benefit claims under the Ohio Unemployment Compensation Law. This study is being conducted by the College of Law of The Ohio State University at the request of the Administrator of The Ohio Bureau of Unemployment Compensation. The study is still in progress. It remains to cover the work of the Board of Review and to complete the evaluation phase of the undertaking. It is contemplated that the report on those parts of the study will be presented in a subsequent issue of the Journal. Messrs. William J. Lee and Alan Schwarzwald, both of the Ohio Bar, have acted as researchers on the project to date, and Professors Robert E. Mathews and Frank R. Strong of the College of Law are serving as consultants. Work on the project is being greatly facilitated by the cooperation of the Administrator, and the Staffs of the Bureau and of the Unemployment Compensation Board of Review, but responsibility for the accuracy of this report should in no sense rest on them.

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report, which focuses upon the physical structure, procedures and functioning of the administrative agencies which implement the concepts.

The administration of any unemployment compensation program may be divided into two interdependent areas. One is the "fiscal area," primarily concerned with the employer's liability for contributions and the procedure for determining those liabilities. The other is the "claims area," in which the individual employee's rights to compensation are in issue. The word "claim" used herein means employee's claim and "claim area" means employee's claim area. With this area this description is primarily concerned; but some understanding of the fiscal area is essential for analysis of the claims area, and to that extent the fiscal area aspect has been included.

The Act provides for weekly benefit payments for workers, previously engaged in covered work and not otherwise ineligible, who are totally or partially unemployed. In general, work for an employer having three or more employees is covered, except agricultural, domestic, educational, railroad and governmental employment. Benefits are paid from a fund contributed by employers subject to the Act. To be eligible for benefits a worker must be involuntarily unemployed, able to work and available for work in any job for which he is reasonably fitted, have applied for work at his local Employment Security Center, and have earned a total of not less than \$160.00 by working in twenty weeks of his base period.¹ The base period is the first four of the last five completed calendar quarters immediately prior to the filing of a valid claim. When a claim for benefits is made, the BUC must rule on its validity. If found payable, the claim goes into effect on Sunday of the first week for which it was filed. A two-week waiting period, for which no benefits are payable, must elapse before the claimant can collect benefits. The third week of unemployment is therefore the first

¹"An act to amend sections 1345-1, 1345-4, 1345-6, 1345-8, 1345-10 and to enact section 1345-33 of the General Code relative to unemployment compensation" (Amended Senate Bill No. 142), which takes effect on August 22, 1949 [hereafter called the "Amendment of 1949"], will make these changes in the foregoing: (1) "suitable work" is substituted for work "for which he is reasonably fitted," and guides for determining "suitable work" are provided; (2) claimant must be "able to work and available for suitable work and actively seeking such work either at a locality in which he has earned wages subject to [The Act] during his base period or at a locality where such work is normally performed," but unable to obtain it; (3) claimant must have registered in person for work at an employment office or other place designated by the administrator, in each week for which he claims waiting period or benefits (this rule is subject to relaxation by regulation of The Administrator); (4) claimant must have earned not less than \$240.00 by working in fourteen calendar weeks within his base period.

week for which benefits can be drawn.² When the claim is found valid, claimant's "benefit year" is established; it begins with Sunday of the first week for which the claim is found valid and continues for 52 consecutive calendar weeks.^{2a}

The weekly benefit amount is fixed by a schedule in the Act. It is based on claimants' highest total quarterly earnings in the base period, and ranges from \$5.00 for highest quarterly earnings of \$40.00, to \$21.00 for highest quarterly earnings of \$581.00 and over.³ As distinguished from weekly amount, total benefits are based on number of weeks worked in the base period. An eligible worker who has worked in 20 calendar weeks in his base period has potential maximum benefits, for either total or partial unemployment, of 18 times his weekly benefit amount. If he worked in more than 20 but not more than 24 calendar weeks in the base period, the potential maximum is 19 times the weekly amount; if more than 24 weeks, the potential maximum is 22 times the weekly benefit amount. Thus, the maximum compensation payable during a single benefit year for total unemployment ranges, in the absence of disqualification, from \$90.00 to \$462.00.⁴

² The Amendment of 1949 will reduce the waiting period to one week, for either total or partial unemployment. The second week of unemployment will therefore be the first week for which benefits can be drawn.

^{2a} "An act to amend sections 1345-1, 1345-2, 1345-4, 1345-6, 1345-10, 1345-13, 1345-18, 1346 and 1346-4, and to enact section 1345-3a, and to repeal 1345-14 of the General Code relative to unemployment compensation" (Amended Substitute Senate Bill No. 227) (hereafter called the "Second Amendment of 1949"), which takes effect on October 13, 1949, makes the benefit year run for 52 weeks beginning with Sunday of that week with respect to which the claimant first files a valid "application for determination of benefit rights." Benefit rights are defined as the weekly benefit amount and the maximum benefit amount that may become payable to an individual within his benefit year as determined by the administrator. Such application is valid if applicant is at the time of filing unemployed, and has worked in covered employment in fourteen weeks and earned wages of not less than \$240, in his base period. Segregation of the benefit rights issue (from the claim for benefits proper) allows the establishment of the benefit year and of benefit rights to stand (e.g., for purposes of an additional claim), despite appeals or other proceedings which suspend or otherwise affect determination of the claim itself.

³ The Amendment of 1949 will (1) change this schedule so that the weekly benefit amount will range from \$10.00 for highest quarterly earnings of \$80.00 to \$25.00 for highest quarterly earnings of \$581.00 and over, (2) add to the weekly benefit amount under the new schedule, \$2.50 for each of claimant's dependent children not exceeding two. If husband and wife receive benefits for the same week, only one may receive this allowance. The allowance does not count in determining the potential maximum benefits described later.

⁴ The Amendment of 1949 will change the total benefits provisions to read: "The total benefits payable to which an individual shall be entitled in any benefit year, whether for partial or total unemployment, or partial and total unemployment, shall not exceed twenty-six times his weekly benefit amount . . . in no case shall the total amount of benefits payable be more than two-

Special circumstances may modify this pattern to deny, reduce or defer benefits. The following are examples. No worker can serve a waiting period or collect benefits during a period of unemployment respecting which he has: become unemployed by reason of a labor dispute (other than a lockout) at his workplace; refused a proper job offer or a job referral;⁵ knowingly committed certain frauds to obtain benefits illegally; failed to report as required; or been discharged for admitted or proved dishonesty in connection with his work. There are a number of other such situations.⁶ If he quits work without just cause in connection with his work he may not draw benefits until he has been re-employed in covered work and earned at least four times his weekly benefit amount.⁷ Benefits are not payable for weeks in which a worker receives pay in lieu of notice, receives payments for temporary partial disability under Workmen's Compensation or similar laws, or receives or seeks unemployment benefits under federal law or that of another state. A worker is partially unemployed if, due to involuntary loss of work, his total earnings are less than his weekly benefit amount. In this event, his weekly earnings above two dollars are deducted from the amount payable to him for total unemployment.⁸ When a worker receives federal old-age benefits they are deducted from the weekly benefit amount payable for the same week. Justified

thirds the total wages paid to such individual during his base period." This eliminates the basing of potential maximum benefits on the sliding scale of weeks worked in the base period, and fixes them at 26 times the weekly benefit amount or two-thirds the total wages paid during the base period, whichever is lower. Thus the maximum compensation payable during a single benefit year ranges, in the absence of disqualification, from \$160.00 to \$650.00. The dependent child allowance, if any, is an additional allowance.

⁵ Under the Amendment of 1949 the refusal must be without just cause, and the referral must be to suitable work.

⁶ One important situation which will be added by the Amendment of 1949 is the following: Every claimant must attach to his claim his written affidavit stating whether he advocates or does not advocate, and whether he is or is not a member of a party which advocates, the overthrow of our government by force; otherwise the claim is invalid. If an individual advocates, or is a member of a party which advocates, the overthrow of our government by force, he is ineligible to serve a waiting period or be paid benefits. The Second Amendment of 1949 makes the affidavit provision apply only to the application for benefit rights, the same affidavit being used in the determination of benefit rights and benefits.

⁷ The Amendment of 1949 will substitute for the foregoing a provision that a worker shall be disqualified for waiting periods or benefits for the week in which he voluntarily quits his work without just cause and the next four weeks, and his maximum benefits for any benefit year shall be reduced by three times his weekly benefit amount.

⁸ For ease in computation and recording, the Amendment of 1949 provides that the part of the weekly earnings exceeding two dollars shall be increased to the next highest dollar before deduction from the weekly benefit amount.

discharge is an example of combined reduction and deferment. If a worker is discharged for just cause in connection with his work, his two-week waiting period is increased by three additional weeks during which no benefits are payable, and his maximum benefits are reduced by six times his weekly benefit amount.⁹

Benefits drawn in excess of entitlement through unintentional error must be repaid. Acting with "intent to defraud" in order to secure benefits not payable is a misdemeanor. The Act contains provisions dealing with the special problems of such classes of workers as veterans, seamen, and seasonal or casual workers.¹⁰

The Act creates for its implementation a council of seven members having advisory powers, the unemployment compensation Board of Review of three members and a staff of referees, and the Bureau of Unemployment Compensation (BUC) headed by an Administrator. The BUC is organized under the Administrator into three main divisions. They are the Employment Service, Local Office Operations, and Unemployment Compensation divisions. Unemployment Compensation (UC) has four departments: Machine Processing, Benefits, Contributions and Compliance. In the claims area concern is primarily with the Benefits Department, which processes claims from all Ohio. However, the Local Office Operations Division, which includes all of the ninety-odd local offices must also be included, since the claim process initiates there. There is no attempt to analyze in this report every possible ramification of claims processing; that is scarcely possible. The description is of what happens to a claim in the ordinary course of BUC business, with such inclusion of variation as is practicable.

LOCAL OFFICE OPERATIONS

A worker becomes unemployed and the claim processing starts. Sometimes the employer gives the worker a separation report, form BUC-406¹¹ or similar report, at the time of unemployment and the

⁹ The Amendment of 1949 will substitute for the foregoing a provision that a worker shall be disqualified for waiting periods or benefits for the week in which he has been discharged with just cause in connection with his work and the next four weeks, and his maximum benefits for any benefit year shall be reduced by three times his weekly benefit amount.

¹⁰ The Amendment of 1949 will introduce changes in these provisions.

¹¹ The expense involved makes impossible inclusion of facsimiles of the forms referred to in the text. Titles and summaries of the data contained on important forms after execution will be given. Form BUC-406, "Separation Report for Total Employment," carries: employer's name, address and BUC number; worker's name and Social Security Account (SS) number; month, day and year of last day worked; earnings in calendar week in which separation occurred; reason for separation (lack of work, illness—expected to return to employment; illness—not expected to return to employment, other); total earnings since last hired (if less than \$54.00); certificate of truth and correctness with certifier's name, title and date.

worker brings this into the local office and asks to file a claim. He goes first to the claims clerk. If the worker (henceforth called the claimant) has not waited one calendar week of total or partial unemployment after separation, the claims clerk has him fill in the first line of the claims form, BUC-401¹² stating an *intention to file a claim*. This is called filing a potential claim. The claims form is then filed for three weeks and if claimant does not appear within that time for the purpose of filing a *claim*, the claims form is destroyed and a new one must be filled in if the claimant wishes to file a *claim*.¹³ If, however, the waiting time¹⁴ for filing has elapsed, the claimant may file a claim. No initial determination as to allowance or disallowance is made at this time. A claimant is always allowed to have the claims form filled in even though the claims clerk may know that the claim will not be allowed when it reaches the Initial Determination unit (ID) in the Central office in Columbus. Attached to the claims form is form BUC-425.¹⁵ This form is sent out to the employer. It gives notice that his former employee is out of work and requests that the local office be notified in the event that the employer has work available for the claimant. In some instances, this notice results in re-employment. The notice also requests that the separation report be filed with the BUC if this has not already been done. If the claimant states that he was separated

¹² BUC-401, "New Claim for Benefits," carries: statement of intent to file claim, and date; claimant's full name, address, SS number and date of claim; date benefit year begins; local office and number; claimant's birth date, color and sex; kind of work; dates of last employment; amount of earnings if partial week claimed, and verification or reason for no verification (in Remarks); last employer and his address; cause of unemployment (laid off—lack of work, involuntary reduction of working hours, labor dispute, other); claimant's certificate of registration for work and claim for benefits, of ability and availability for work, of non-earnings (except as in partial-week statement), of non-refusal of work referrals or work offers, of non-application for or receipt of benefits under Servicemen's Readjustment Act, workmen's compensation law, retirement benefits under any federal law, or remuneration in lieu of notice, all except as otherwise noted on form; name and titles of witness to form; remarks; including other names and SS numbers; name of other state if work done other than in Ohio; reports furnished; previous claims by claimant and their histories, and results of check for irregularities. Reverse carries statement of claimant and local office finding.

¹³ The Second Amendment of 1949 introduces, as already stated, the "application for determination of benefit rights" to be filed by every claimant. Both the application and the claim itself are required for entitlement to payment of benefits. This and other provisions of the Amendments will entail some changes in the procedure here being described, and in subsequent procedures.

¹⁴ This waiting time should not be confused with the waiting weeks during which no benefits are payable.

¹⁵ BUC-425, "Notice of Reported Unemployment," carries: claimant's name and SS number; date of claim, notice that claim indicates addressee as last employer; request for filing separation notice; request to contact local office if reemployment is available.

for a reason other than lack of work or involuntary reduction of working hours, he is referred by the claims clerk to a local claims examiner (not the same examiner who makes the initial determination in ID). He is also referred if there is a question as to his ability and availability for work. This examiner obtains the statement of the claimant, which is filled in on the back of the claims form. This statement will relate either to the question of ability and availability for work or to the reason for separation. If there is a question as to the reason for separation, the employer's comment may be obtained by looking at the separation report or calling the employer on the phone. After this is done a local office finding is made by the local claims examiner and a recommendation included.

By means of this initial "new" claim, the benefit year is established. Once the benefit year is established, the claimant reports weekly to claim the prior week. This is a "continued claim." If the claimant finds work during the benefit year, and therefore stops reporting weekly to make his continued claim, his benefit allowance stops, but if he becomes unemployed again during the benefit year, he may make an "additional claim." A claim is a continued claim if the continuity of claiming weekly is not broken. If it is broken and the claimant later files during the benefit year, this is an additional claim.

Issues as to additional claims are similar to the issues which arise in new claims, and relate primarily to ability and availability for work and to the reason for separation. The additional claims claimant is referred to a local claims examiner only upon the advice of the supervisor, whereas a referral to a local claims examiner concerning a new claim or a continued claim is almost wholly within the discretion of the claims clerk; the supervisor comes into the picture only if an unexpected question arises. After the additional claim is made, a claim by the same claimant on the following week is of course a continued claim.

Form BUC-410-477¹⁶ is used when an issue arises with respect to a continued or additional claim. For example, the employment service in the local office may send the claimant referral report, BUC-408,¹⁷ to the claims clerk, stating in the remarks that the

¹⁶ BUC-410-477. Form 477, "Claimant's statement," carries: reporting day, service serial number; SS number; claimant's name and address; status of claim (original, additional, continued); list of attachments (BUC-429, separation report, medical statement, other); claimant's statement of filing original claim and weeks claimed; claimant's attestation of truth and correctness. Form 410 (on reverse of 477), "Local Claims Examiner's Report to Central Office," carries: examiner's report; initial determination examiner's notation of stop payment order issued, claim allowed, disqualification imposed or removed, claimant ineligible, benefits suspended, benefit amount changed, other data.

¹⁷ BUC-408, "Claimant Referral Report," carries: claimant's name, occu-

claimant has refused a job referral. (The claimant is required to report every week to the employment service, which may refer the claimant to a job.) When the claimant comes in to make his continued claim, the claims clerk, being aware of the refusal of the job referral by means of the claimant referral report filed with the claimant's record, sends the claimant to the local claims examiner and the examiner fills in form BUC-410-477 giving the pertinent information with respect to the refusal. The claimant's statement will then be taken on the 477 and the local claims examiner's recommendation is given on the 410.

It is to be noted that the local examiner's duty is to find the facts and make a recommendation. No decision of allowal or disallowal is made by the local examiner. These decisions as to new, continued, and additional claims are made by the claims examiners in ID on the basis of the information given by the local examiner on the back of the 401 in the case of a new claim and on the 410-477 in the case of continued or additional claims.

In order to stop a continued claim until the claims examiner in ID has made his determination as to whether the continued claim should actually continue, temporary stop orders, form BUC-429,¹⁸ are filed in the local office on the local office record, form BUC-402,¹⁹ and are also sent with the 410-477 to the ID unit when an issue arises.

After the initial decision has been made by the ID unit, the local office is notified of the decision. A permanent stop order is made in the case of a continued or additional claim; a disallowance is made in the case of a new claim. The local office then gives the stop order or disallowance notice to the claimant when he reports, or mails the notice to the claimant.

Discussion so far has been focused upon the local claims examiner and the various issues that are presented to him. If the new, continued, or additional claims do not have an issue involved they by-pass the local claims examiner. The new claims are sent on to

pational titles and codes and SS number; type of claim; office name and code; service serial number; data on available job; eligibility question, if any; result of referral consideration; remarks and date; interviewer's name.

¹⁸ BUC-429, "STOP, Continued Claims," carries: claimant's name and SS number; local office number and location; reason for stop and effective date; issue date and name and title of authorizer and issuer.

¹⁹ BUC-402, "Continued Claims Record," carries: claimant's name, primary occupational title and code, reporting day, SS number, address, birthday, sex and color; local office and number; date of claim; date of initial determination; date benefit year begins; waiting weeks; weeks allowed and weekly benefit amount; maximum benefit amount; acknowledgment of receipt of initial determination of claim; claimant's certification as in BUC-401; date of reporting and week number; earnings reported; code; annotations; claimant's signature, witness' initials; amount of warrant; payment authorization date.

the Central office with a transmittal slip. The claims clerk records all claims on the local office record. If a new claim is allowed, a pay authorization card, form BUC-403A,²⁰ is sent to the local office from the Central office with the balance of potential benefits. Each time the claimant makes a continued claim, the claims clerk fills out the pay authorization card and if the claimant brings in the address card, form BUC-404X,²¹ which he has received with his check, this card is sent in with the pay authorization card to the Central Office. If the card is not brought in by the claimant, a new one has to be made out by the clerk who mails in the pay authorization card. When the claimant has finished filing his claim, he takes away with him an identification record card, form BUC-450,²² which he must bring along with his Social Security card each week he reports. This card must be filled in with the reporting date. A notation is also made in the local office record. This gives evidence that the claimant has reported and made his claim.

WAGE RECORD OPERATIONS

In the Central office, the Receiving unit receives the incoming claims and routes them to the Wage Record Files unit, after placing them in Social Security number sequence and in batches of 50. In the Wage Record Files unit, which is a part of the Benefits Department, the wage records of all covered employees are kept. These records are sent in on form BUC-475X²³ by the employer each quarter and are processed through the IBM Department. The result of this processing is the wage record card, form BUC-475.²⁴ These

²⁰ BUC-403A, "UC Payment authorization card," carries: SS number and claimant's last name; local office; balance before payment; weekly benefit amount; benefit year ending; week number last paid, week number and year; weekly benefit amount; earnings and deductions other than earnings; payment amount and total payment amount; certification dates; claim taker and auditor; claimant's color and sex; balance after payment; employer serial and plant number; warrant number, local office; claimant's name; week number; adjusted payment amount; week number last paid; warrant date.

²¹ BUC-404X, "Address Card" carries: claimant's name, address; SS number, local office; instructions to present card when filing claim.

²² BUC-450, "Identification Card," carries: check whether BUC or SRA (Servicemen's Readjustment Act); reporting day and hour; SS number; claimant's name, address, primary occupational title and code, and signature; dates reported and Employment Service renewal dates.

²³ BUC-475X, "Quarterly Wage Report," carries: employer's name, address and UC number; date quarter ended; plant number; total number of wage reports (not including contribution reports); employees' SS numbers and names; taxable wages under Ohio UC Act; calendar weeks worked; date hired if in this quarter; total number of items listed for this quarter; taxable wage totals by page and for entire report.

²⁴ BUC-475, "Wage Record and Summary Card," when used as wage record card, carries data taken from BUC-475X for worker for base period, in IBM punch form.

cards are filed mechanically in the Wage Record Files in Social Security numerical sequence. They are given the utmost secrecy and no one except proper BUC personnel is allowed to obtain them from the files. IBM equipment is used to keep wage records for the base period only. One card per quarter is kept for each employee; an employee's complete wage record for the entire base period may be found under his SS number.

After the claims reach the Wage Record Files unit, they are assigned to pulling clerks and a record kept of pulling clerk assignments by means of the claim activity record, form BEN-93.²⁵ The pulling clerk takes the claim and checks the Social Security number on the claim with the one on the wage record card. If the Social Security number does not match the name an alphabetical file is checked to find the correct number. The "out" card, form BUC-458,²⁶ is then filled out for the files if this has not been done before. It is a claims history card and gives the date of prior claims as well as the present one, and a statement as to whether the prior claim has been allowed or disallowed. If there has been a previous claim, the pulling clerk will note this on the claims form. If fraud is detected by the claims puller, or if the employer has requested a refund, flash cards are placed on the claim. These flashers will indicate to the ID examiners that something is wrong. The pulling clerk also has the task of taking the wage record cards from the files and attaching them to the claim form.

From the claims pulling clerks, the claims go to the claims checker, who determines whether claimant's statement as to his working periods corresponds with those on the wage record, whether the employer's identification number is on the wage record; and whether the name given on the 401 (the claim) corresponds with the name on the wage record card. If any discrepancy is found by the claims checker, the claim is termed irregular. All claims that are irregular as to these facts are given to the look-up clerks. They check the 475X (wage record statement) file if wage statements of the claimant do not correspond with the 475 (wage record card) or check the employer identification number file if necessary. After the look-up clerks have finished processing the irregular claims, they go to the Initial Determination unit. If the claims do not have to be sent to the look-up clerks, they are, of course, sent directly to ID.

²⁵ BEN-93, "Claim Activity Record" carries: batch numbers and claims received; processing data (to whom assigned, whether found regular or irregular by checker, by whom pulled, by whom checked).

²⁶ BUC-485, "Out Card," carries: claimant's name and SS number; local office; dates of claims; date benefit year established; by whom entered; remarks (whether prior claim disallowed).

INITIAL DETERMINATION OPERATIONS

New Claims

Upon receipt of the new claims from the Wage Record Section, a screener in the Initial Determination unit of the Benefits Department processes the claims and classifies them into regular and irregular claims. Since each section has its own definition of regular and irregular claims, it is necessary to define regular and irregular claims as they are known in the unit. Here, an irregular claim is a claim in which *an issue is involved*. A regular claim is a claim in which *no issue is involved*. The screener is aided in his classification by looking on the back of the claim to see if an issue is presented. He also checks the claimant's birthday, as this may suggest the issue of a minor attending school.²⁷ Anything which may involve an issue requiring determination by an irregular claims examiner is screened into the irregular claims category. Veteran's claims under the Ohio law, Seaman's claims, Coal Miner's claims, Federal Maritime claims, Combined Wage Credit claims, claims filed by a pregnant woman, claims involving prior claims upon which a determination is not final, claims wherein there has been a fraud decision on a prior claim, claims involving refusal of work and claims in which the benefit year of a prior claim has not expired, are all routed by the screener to an examiner specializing in these claims.

The rest of the claims sorted into the irregular batch by the screener are taken to a supervisor, who distributes them to four irregular claims examiners. The irregular claims examiner ordinarily begins, without regard to the issue for which the screener classified the claim as irregular, by checking the number of weeks work in the base period and the amount of wages. If the claim must be disallowed for insufficient weeks or wages, this saves the examiner time and avoids a decision on the issue. If there are sufficient weeks and wages, the claim proceeds to initial determination. The irregular claims examiner, in making his decision, uses a "decision sheet" containing form statements of those determinations which occur so frequently as to permit routinization.²⁸

²⁷ The Act provides that a claimant may not serve a waiting period or be paid benefits for unemployment respecting which the administrator finds that claimant has left his most recent work for the purpose of attending an established educational institution, or is a student regularly attending such institution during the school term or customary vacation periods within the school term.

²⁸ The decision sheet contains 28 forms of disallowal decision and 10 forms of allowal decision, some with several variations, and is too long and complex for effective summarization. Sample forms of determination are the following. "D-18. *Earnings Exceed Weekly Benefit Amount*. Claimant's earnings in the week beginning [date] with respect to which the claim was filed exceed the weekly potential benefit amount of \$." "A-4. *Involuntary Separation*.

The sheet is divided into disallowal and allowal decisions, identified by a code letter and number (D-1, D-2, etc., for disallowal, and A-1, A-2, etc. for allowal). In exceptional cases he drafts a suitable new statement of determination. He uses also a three-year calendar,²⁹ and a schedule for determining weekly benefit amount and maximum benefits.³⁰ Both of these might be utilized by the examiner in making, for example, determination D-18, where weekly earnings exceed the weekly benefit amount in a case of partial unemployment. The weekly amount is taken from the schedule, and time elements from the calendar. Occasionally, the examiner finds that a determination requires more information. These claims are separated so that further research may be made relative to them.

The claims thus processed by the irregular claims examiner are sorted into three general classifications. They are: (1) the irregular claims which require further research, (2) the irregular claims disallowed because of issues involved, and (3) the irregular allowed claims plus the irregular claims disallowed because of insufficient weeks and not because of an issue. Claims in category (2), those which are disallowed because of an issue involved, are then ready to go to the completions unit, but claims in category (3) must first pass through the IBM unit, to which also go, direct from the screener, all regular claims.

In IBM a master control card, form BUC-401A,³¹ is made by an IBM key punch operator. After key punch has made the master card, the claim is returned to ID, but the wage record with the master card goes to machine processing where claimant's notice, form BUC-465W,³² is made up by means of the master card and

Claim is allowed on the basis claimant was involuntarily separated due to illness and is now able to work."

²⁹ BUC-455, "Three Year Calendar."

³⁰ "Initial Determination Schedule," (no form number). Columns 1-5 give, for various wage rates paid in the highest quarter of the base period, the following: weekly benefit amount, potential maximum benefits with 20 weeks of employment, 21-24 weeks, and over 24 weeks. Columns 6-8 give the reduced potential maximum benefits where there has been discharge for just cause.

³¹ BUC-401A, "UC Master Control Card," carries: claimant's name, SS number, birthdate, color and sex; eligibility code; claim date; weeks waiting period; benefit year beginning and ending dates; weeks worked and high quarter earnings; weeks allowed, weekly benefit amount and maximum benefit amount; employer number; all in IBM punch form.

³² BUC-465W, "Claimant's Notice," carries: determination date; mailing date; statement that claim has been allowed or disallowed (for insufficient weeks, for insufficient wages); claimant's name and SS number; claim filing date; benefit year beginning date; local office; waiting weeks, weeks allowed, weekly amount and maximum benefit amount; claimant's initials; employer's name and employer number; wage code; employer and cause of separation code; wages and weeks worked; date hired; base period computation; base period totals in quarters, wages and weeks. On reverse, information concerning computation and appeal rights.

the employee's wage record. The wage record, master card and the claimant's notice are mechanically arranged in number sequence in the machine processing unit. These items are then returned to the ID unit where the claim is attached by assembling girls.

From the IBM unit both regular claims and category (3) of irregular claims are sent to the regular claims examiner. The regular claims examiner checks the regular claims for insufficient weeks and wages, and if the claims should be disallowed because of such insufficiency, this decision is indicated in the appropriate block of the claimant's notice, which has previously been attached to the claim by the assembly girls. If the regular examiner decides that the claim has sufficient weeks and wages he marks the claim allowed in the proper block. The regular examiner, if the claim is allowed, then fills in, on the claimant's notice, the Wait Weeks, Weeks Allowed, Weekly Amount, and Maximum Benefit Amount blanks. He indicates with the proper code symbol³³ the last employer within the base period. This information by symbol is later placed on the employer's notice, form BUC-465E.³⁴ The cause of separation is also placed on the claimant's notice for statistical purposes and for the purpose of later filling in employer's notice. The processed irregular claims undergo the same treatment by the regular examiner as the regular claims, except for the decision as to insufficient weeks or wages, which the irregular examiner has already made. If the irregular claims were disallowed by the irregular examiner for insufficient weeks or wages, this is marked on the claimant's notice (465W) by the regular claims examiner; if the irregular claims have been allowed by the irregular claims examiner because there were sufficient weeks and wages and the decision on the issue was in favor of the claimant, the same information that was placed on the claimant's notice for regular allowed claims is also filled in on the claimant's notice for the irregular allowed claims by the regular claims examiner.

³³ This code consists of a letter and number, as follows: A—last covered Ohio employer; B—an employer in base period, other than last employer; C—last employer and also a base period employer; 1—lack of work; 2—discharge with just cause in connection with work; 3—discharge without just cause in connection with work; 4—voluntary quit with just cause in connection with work.

³⁴ BUC-465E, "Employer's Notice of Allowed Claim for Benefits," carries: statement that claim found valid; claimant's name and SS number; office where claim was filed and filing date; employer and plant number; date benefit year begins; date of initial determination; weeks allowed, weekly benefit amount and maximum benefits; waiting weeks; weeks worked in base period; high quarter earnings in base period; employer and cause of separation code and explanation; employer's name and address. On reverse, information on appeal rights, instructions and request to notify local office if reemployment available for claimant.

From the regular examiner, the claims go to comptometer operators who compute the amount of potential maximum charge, if any, for each employer and note this figure under "base period computation" on the claimant's notice. "Charge" is the term used to denote benefits charged against an employer's account for the purpose of experience rating determination.³⁵ The claims with the accompanying records (wage record, master card, and claimant's notice) are now ready to go to the completion unit.

In the completion unit, statistics are taken on all of the claims as they come from the ID examiners unit. From the statistician, the claims may be routed alternative ways. If the claims and assorted papers do not require typing done on them (the claims in this category are claims which have been disallowed because of insufficient weeks or wages), they are routed to a clerk who detaches the claimant's notice (465W). This is mailed to the local office. The remainder of the papers attached to the 401 (claim) and the claim itself are sent to the filing unit, where the wage records are detached, stamped "disallowed" and refiled in the Wage Record Section. If the claims must have typing done (*allowed claims* and *disallowed claims* which were disallowed because of an issue), they are routed to a typist. The disallowed claims have a notice, form BUC-466.2,³⁶ typed up for each disallowal. If there is an allowal but a penalty because the claimant was discharged with just cause, the notice, form BUC-466.3,³⁷ is used and the "disqualification" square filled in. For other allowals, the "explanation" square is filled in by the typist on 466.3 and the reason given in the place for remarks.

From the typist, the allowed and disallowed claims take separate routes. The disallowed claims go to the clerk where the notice of disallowal is separated and sent to the local office and the remainder of the papers (401, 475, etc.) are assembled ready to be sent to the filing unit. The allowed claims go to a checker who checks to see

³⁵ This problem is in the "fiscal area." Under the Act, a system of experience rating is provided for setting the yearly contribution or tax rate of covered employers. The employer begins by contributing a standard rate of 2.7 per cent of taxable payroll, and after being subject to the Act for 42 consecutive months may become eligible for a modified rate based indirectly and in part on the benefits paid to workers employed by him during their base periods. For this purpose benefits paid are "charged" to the employer account of the last employer up to a statutory maximum, then to the employer account of the next most recent employer, and so on.

³⁶ BUC-466.2, "Notice of Disallowal, Disqualification and/or Explanation," carries: notation of disallowal, disqualification and explanation (no record of employment in base period, employment not covered, present benefit year termination date, unemployment caused by labor dispute, or other); information.

³⁷ BUC-466.3 is the same as 466.2, carrying in this case the disqualification notation.

if the weekly benefits amount and potential benefit amount are mathematically correct. Then the master card is sent to IBM for second punching, along with the claimant's notice (465W). At this time, chargeback cards for each employer are also made. From IBM the master card goes to machine processing where a pay authorization card is made, along with an address card. An employer's notice card (465E) is also made up and sorted according to the employer's account number. These cards and employer's notices are sent back to the completion unit and there the pay authorization card (403A), the address card, and the claimant's notice (465W) are mailed to the local office. The employer's notice (465E) is addressed by typists and mailed to the employer. The remaining forms accompanying the claims are filed in manila folders having the Social Security number on them, and then stored away.

Continued Claims and Additional Claims

Consideration thus far has been with respect to original (new) claims in the ID unit. The procedure relating to continued claims, as earlier defined, is somewhat simplified in contrast with the new claims procedures. The issues are sent in from the local office on the 410-477. A sorting clerk has the new claim record pulled, along with attached papers, and an "out card" put in its place in the file. The 410-477 along with the new claim form, wage record cards, and all items which the file contains are given to the continued claims examiners. An understanding of the handling, at this point, of continued claims requires familiarity with several terms. A "suspension of benefits" is a removal of benefit rights for an indefinite period of time as in the case of refusal of employment or a voluntary quit without just cause after the worker becomes re-employed during his benefit year. With respect to the latter example, the claimant's rights would be suspended until he earns four times his weekly benefit amount. A "denial of benefits" is a removal of benefit rights for a definite period of time. Illustrative is the case in which the claimant failed to report and claim a number of weeks and is therefore denied those weeks. Another important item is "interested involved employer." An interested employer is the claimant's most recent employer or an employer in the base period. An interested involved employer is best illustrated by example. If the claimant is referred to an interested employer and refuses a job opportunity offered by that employer, the employer thereby becomes involved in the issue arising.

Now it becomes possible to categorize the continued claims cases. They are as follows:

A. Cases in which there is no issue.

- B. Cases in which there is no suspension or denial of benefits.
- C. Cases in which there is a suspension or denial of benefits.
- D. Cases in which there is a removal of a suspension.

The continued claims examiners determine the issues involved using a decision sheet with appropriate rulings.³⁸

In classes A, B, C, and D, the claimant is always notified of the decision. Notice form BUC-468A³⁹ is used to effect notification of the claimant in case classifications A and B; while in classifications C and D, the notice form is BUC-427-1.⁴⁰ In either case, notice is sent to the local office for transmission to claimant; it is not mailed directly to the claimant by the continued claims unit. If there is an interested employer involved, notice form 427-1 is also used to notify the employer. A copy of 427-1 is sent to the employer if he is interested and involved. A copy of the decision is also sent to the tabulating unit in IBM and the information recorded on a Benefit Ledger Card, form BUC-409.⁴¹

ADJUSTMENT OPERATIONS—RECONSIDERATION

When the notice of determination reaches the local office, it is filed at the claims clerk counter and delivered to claimant when he reports. If the decision is adverse to the claimant, he is asked by the claims clerk whether he wishes to protest the claim. The claims clerk tells claimant that he may be referred to a (local) claims examiner if he wishes. If claimant does not desire to look into the matter at that time, the claims clerk notifies him of the protest and appeal time limitation of ten days. If claimant wishes to pursue the matter, he is referred to a local claims examiner and the examiner states the law and the reason for the decision, and then,

³⁸ Following are sample decisions from the continued claims decision sheet: "40. Claimant was not available for work during the week(s) ending (date). Benefit rights for such week(s) are hereby denied." This is a case in Class C described in the text. "100. Claimant has re-established availability for work. The suspension of benefit rights is hereby removed. Benefit rights shall be re-established as of (date). This is a case in Class D described in the text.

³⁹ BUC-468-A, "Report or Special Instructions on Claims," carries: claimant's name and SS number; date claim filed; local office; addressee of notice and date; authority to remove Stop Order, date of Stop Order; determination on which authority is based.

⁴⁰ BUC-427-1, "Notice of Decision on Claim," carries: claimant's name, address and SS number; local office and numbers; date of claim; dates benefit year began, determination issued, determination mailed; finding of issue and facts; authority to remove Stop Order and date of Stop Order. On reverse, information on reconsideration or appeal rights.

⁴¹ BUC-409, "Benefit Ledger Card," carries: claimant's name, color, sex, birth year; local office; whether veteran; industry code; benefit year ending; weekly benefit amount; maximum benefit amount; week number; warrant number and date; number and amount of payments; unpaid balance.

depending on the development of the facts, offers to fill in a Request for Reconsideration, form BUC-418,⁴² or an Appeal form UCO-901.⁴³ Usually, if the examiner develops new facts in the case, an offer to fill in BUC-418 is made so that the administrator will have an opportunity to reconsider the case on the new facts. If no new facts are developed, the indication is that the decision should be appealed. An employer may also protest or appeal a decision. This may be done by writing to the local office or to the Central Office in Columbus. Ordinarily, an employer protest or appeal is not made on the BUC-418 or UCO-901. A letter written by the employer is the normal method used by an employer in posting a protest or an appeal. The claimant is notified of the employer protest or appeal and his statement relating to the issue raised by the protest is taken at the local office on the BUC-410-477 (previously discussed) and sent in to the Central Office. The employer's statements are usually obtained by telephone and included on BUC-410-477.

Protests made by claimants and employers are routed to the Adjustment unit in the Benefits Department in the Central Office. At this point, it should be noted that here are two issues which must be appealed to the Board of Review, and may not be protested, if a review is desired. They are the existence of a labor dispute and fraud. As a matter of policy, no request for reconsideration is taken since, in these two instances, the request for reconsideration would normally result merely in affirmation of the initial determination.

In the Adjustment unit, the clerical examiner divides the protests into prior allowed and prior disallowed claim protests. (If the prior claim was allowed the protest is called a "prior allowed claim protest.") These protests are given to a statistician who codes the type of protest involved in all prior allowed claim protests. All of the protests are then given to a clerk who prepares "out cards" for each claim represented by the protest. The prior disallowed claim protests are then given back to the statistician. The Social Security numbers on the protests are used by the statistician to pull the

⁴² BUC-418, "Request for Reconsideration," carries: request that BUC reconsider determination of claim; whether claim original or continued; claimant's name and SS number; local office (and number) where and date when claim filed; whether determination delivered or mailed and date; reasons for request for reconsideration; date and signature and address of requesting party; instructions to file claim in local office where original claim filed. On reverse: statement, signature of statement taken and date; examiner's finding of fact; date BUC-429 issued and examiner's signature; local office and number; date (for local office use); date, determination, and examiner (for Central Office Use).

⁴³ UCO-901 is described in the later section on appeals to the Board of Review.

claims from the files and the "out cards" replace the claims in the file. The statistician then codes all the prior disallowed claim protests as to type of protest. Manila folders are prepared for the claim, protest and associated records (separation report, notice of disallowal, etc.), and the wage records are pulled by the statistician. After the records are assembled by the statistician and clerk, they are given to the clerical examiner who examines all the prior disallowed claims for insufficient weeks. This is done because of the possibility of error by the ID examiners in their determination where wage records may have been incomplete or inaccurate. The clerical examiner also checks for late protests. Unless timely (filed within 10 days), the request for reconsideration is denied.

After the clerical examiner checks the prior disallowed claims for insufficient weeks and wages, the claims are sorted into two groups, those which the clerical examiner has now allowed, and those which are still disallowed. If the claim is now allowed (the clerical examiner having found sufficient weeks or wages), the claim goes through a process similar to the one which the new allowed claims go through after the first determination in ID. Those which are still disallowed due to insufficient weeks or wages are distributed to adjustment examiners. These examiners consider the entire record that has come to them in order to make their determination. If they feel they need more information, they send form BUC-451⁴⁴ to the local office requesting further information. The decision is not confined to the issue as set forth by the protest; it is a full redetermination.

Form BUC-427.2⁴⁵ is used by Adjustment as a notice to the claimant of a disallowal of a claim that had previously been disallowed. Form 427.2 is also used by Adjustment to notify the claimant of a claim that is allowed or disallowed but had previously been allowed. The form is sent directly to the claimant and a copy mailed to the local office. To prevent large overpayment of claims, all claims which have been allowed by Adjustment are held up for the ten-day appeal period. This means that notice of allowal removing the stop order is not sent to the local office.

However, in the case of a claim previously disallowed and now allowed, the same process is gone through in Adjustment as is gone through after a claim is allowed in the first instance in ID. This means that a claimant's notice (465W) is made along with the

⁴⁴ BUC-451, "Request to Local Office for Further Information," carries: addressee (local office manager); local office and number; date; claimant's name, address and SS number; date of claim; request for information; instruction for reply.

⁴⁵ BUC-427.2, "Notice of Decision on Claim," carries: claimant's name, address and SS number; local office; dates when claim made, benefit year begun, determination issued, determination mailed; statement of finding.

employer's notice and a pay authorization card, etc. The claimant's notice is then sent to the local office, where it is given directly or mailed to the claimant. The only difference between a claim being initially allowed in ID and a previously disallowed claim being allowed in Adjustment is the holding of the claim after an Adjustment decision for ten days to prevent overpayment.

The employer is never notified of disallowal of a claim in Adjustment that has previously been disallowed in ID. If a claim previously disallowed in ID is later allowed in Adjustment, the employer is notified on the employer's notice (465W). If a claim previously allowed in ID is subsequently allowed in Adjustment, the employer is notified by means of form 427.2. If a claim previously allowed in ID is subsequently disallowed in Adjustment, the last employer is notified by means of form 427.2 and all other employers in the base period, but not last employers, are notified by means of form BUC-478M.⁴⁶ If the benefit year is changed in the Adjustment unit, but the claim remains valid, the 478M is used to notify all employers in the base period but not the last employer.

After the decision is made, statistics are taken on the decisions by the statistician and recorded on the statistical records. The code which the statistician placed on the protests when the protests arrived expedites the statistical process, and makes possible a record of the backlog of protests within the adjustment unit.

FRAUD EXAMINERS

Three classifications of fraud relating to benefits are recognized in the Act, and are here given in ascending order of flagrancy, with their penalties. (1) Cases in which the Administrator finds that a claimant has been credited with a waiting period or paid benefits to which he was not entitled, for reasons other than fraudulent misrepresentations, are called "not entitled to benefits" (or N.E.T.B.) cases. The Administrator may within three years order the waiting period cancelled and require repayment or withhold the amount from other benefits due claimant.⁴⁷ (2) More serious are the cases of actual fraudulent misrepresentation. In addition to any other penalties, the Administrator must cancel the claim, order restitution or withholding, and order that benefits be denied for a period prescribed by him. (3) Cases of criminal fraud (as defined in the

⁴⁶ BUC-478M, "Employer Notice of Decision Upon Reconsideration," carries: employee's name and SS number; local office; date benefit year begins; date of decision on reconsideration; statement that claim has been disallowed, or that determination has been modified and how modified (benefit rate changed, etc.). On reverse: information as to appeal rights.

⁴⁷ A proviso in the Act says that restitution in this type of case shall not be required when claimant is "not at fault" in the matter of overpayment. No standardized procedure for distinguishing any such cases was observed.

Act), which are the most serious group, are misdemeanors, and entail prosecution in addition to the penalties just described.

Fraud issues are handled by examiners who specialize in this area, handling no other issues. There are two types of fraud examiners. One decides the "not entitled to benefits" type of issue, described in (1) above. The second examiner decides the flagrant fraud issues, described in (2) and (3) above. The screening process by which these classes of issue, now reduced to two, arrive at the proper fraud examiner's desk is not formally defined. The issues may arrive at either examiner's desk, and the examiners themselves sort out the issues they are to decide, each passing over those which belong in the other's group. In writing up their decisions, the fraud examiners use appropriate decision sheets, one for each of the two classes of issue, and one relating primarily to the removal of Stop Orders in instances where the issue is decided in favor of claimant.⁴⁸

For obtaining data on the earnings of claimants during the compensable period in question, the fraud unit sends form BEN-24⁴⁹ to the Compliance Department, and a department payroll auditor is sent out to obtain the desired information. A temporary flasher,

⁴⁸ Following are sample decisions from the fraud examiners' decision sheets. "C-1. Investigation disclosed that the above claimant is not subject to penalty under Section 1345-25(a) of the Ohio Act on Claim filed (date)"; "C.2. The stop order on claim dated, indicating 'under investigation' is hereby released" (decision in favor of claimant). "B.1. The Administrator finds that on your claim for unemployment compensation filed in the local office of the Bureau at (location) on (date) you were overpaid \$."; "B.11. This overpayment may be deducted from any benefits which may be or become payable to you on this claim, but unless so offset shall be repaid in cash." (N.E.T.B. case.) Fraud decisions against claimant consist of a finding, a statement of particulars of the fraud written in each case by the examiner, and an order. Sample finding: "A.3. Investigation of your claim for unemployment compensation filed in the local office of the Ohio Bureau of Unemployment Compensation at (location) on (date) discloses that you failed to properly report when certifying for benefits in order that you might obtain benefits to which you were not entitled." Sample order: "PURSUANT TO SECTION 1345-25(a) of the Ohio Unemployment Compensation Act it is hereby ordered that benefits be denied you from (date) and for a period of one year from the date of this order or until such time as you have made full restitution, whichever is the earlier date."

⁴⁹ BEN-24. "To: (name), Chief, Compliance Department. From: (name) Supervisor, Benefits General." carries: date; claimant's name, address, SS number; date of claim and weekly benefit amount; employer's name, address and UCO number; local office; record of earnings (week endings, actual earnings, vacation, bonus, retroactive); central office computation of benefits payable (earnings reported, checks issued, benefits to which entitled); whether claimant accepted all available work, with explanation and dates; dates hired and separated and reason for separation (lack of work, other and explanation); employer's certification of wage and employment date; employer's signature and date, witnessed by Payroll Auditor. On reverse: Payroll Auditor's remarks.

form BEN-19,⁵⁰ is placed in the Wage Record Files to show that a fraud investigation (other than N.E.T.B.) is pending. This enables the ID special claims examiner to refrain from making a decision as to the validity of a subsequent claim until the fraud issue, which may affect such validity, is determined. If the fraud issue (other than N.E.T.B.) is decided against claimant, a permanent red flasher, form BEN-50,⁵¹ is placed in the Wage Record files. This notifies the ID special claims examiner that a claimant has had a fraud decision against him, and if he files a subsequent claim may have no rights or only limited rights, with respect thereto.

After a decision is rendered by the fraud examiners, copies of the decision are sent direct to the claimant. If the decision is a N.E.T.B. decision it goes by first class mail; otherwise, it goes by registered mail. One copy of the decision is sent to the local office, one copy remains with the claim for the file, and one copy is sent to Machine Processing for the purpose of carrying out any offset auditing that may result from the decision. If a fraud case other than N.E.T.B. is under investigation when another claim comes in from the same claimant but relating to a later benefit year, a copy of the decision is sent to the special claims examiner, since the decision may affect the validity of the second claim.

SPECIAL CLAIMS EXAMINER

The following is a list of the special original claims that are routed to the Special Claims Examiner:

1. Labor dispute claims.
2. Seaman's Claims.
3. Federal Maritime Claims.
4. Combined Wage Credit Claims.
5. Coal Miner's Claims.
6. Veteran's Claims under Ohio Compensation Law.
7. Claims filed by a pregnant woman.
8. Claims involving prior claims upon which the determination is not final.
9. Claims involving refusal of work referral.
10. Claims involving refusal of work.
11. Claims wherein there has been a fraud decision on a prior claim.
12. Claims in which the benefit year of a prior claim has not expired.

⁵⁰ BEN-19, "Temporary Flasher," (blue) carries: claimant's name and SS number; statement that claim dated (date) is under investigation; instructions; date.

⁵¹ BEN-50 (no title) carries: date of claim, claimant's name and SS number; date flasher placed; whether alleged fraud, N.E.T.B. or other; instructions.

13. Claims wherein the claimant has received benefits to which he was not entitled on a prior claim.
14. Ohio claims wherein claimant has filed a prior SRA (Serviceman Readjustment Act) claim.

All of these are original claims. The only continued claims handled by the Special Claims examiner are those relating to labor disputes, Federal Maritime Claims, and Seaman's Claims.

The processing of labor dispute claims is unusual, in that an opinion by the Bureau's legal department may be required. The local office usually batches all work stoppage claims and sends them to the Central Office with a special transmittal sheet. This batch of claims does not go from the Wage Records Section to the original claims screener, but is given directly to the Special Claims Examiner. If for any reason this batching is not done in the local office, the original claims screener must screen for these special claims. In this alternative, the local office sends a report of the work stoppage to the Central Office and a Work Stoppage Inter-office Communication (IOC) is relayed on to the original claims screener and to the Special Claims examiner. The screener in the ID unit then screens out all claims which are or may be related to the work stoppage. After these special labor dispute claims reach the Special Claims examiner, he determines whether the claimant's separation was due to the work stoppage. If not, a decision may be made on the claim without an opinion from the legal department. If, however, the claimant actually was separated due to the work stoppage, an opinion from the legal department is requested by an IOC from the Special Claims Examiner. This, of course, would not be necessary for every claim relating to the same work stoppage, for once an opinion is given as to the nature of the work stoppage, the same opinion would apply to all the claims relating to the same work stoppage. The legal department decides whether the work stoppage is a labor dispute, and if so whether it is a lockout, and the opinion of the legal department is then used by the Special Claims examiner in determining whether the claimant is or is not entitled to benefits.

The Special Claims examiner reconsiders claims involving work stoppages, seaman's claims, Federal Maritime claims, and combined wage credit claims. This is unusual because the same individual who makes the initial determination (the Special Claims Examiner) also reconsiders that determination. Issues as to whether or not a labor dispute or a lockout exists are not reconsidered but are the subject of appeal. If that issue is the subject of a reconsideration protest, it goes to the Board of Review, where a referee will make the decision. The only other instance in which an ID issue is not reconsidered by a different examiner is, as already indicated, in the fraud area.

VACATING CLAIMS DECISIONS

Sometimes, before action of the Administrator becomes final, a mistake is discovered in a decision. Or, facts may come to an examiner which, although on file with the Bureau, had not actually reached his desk when he made his decision. In such cases, it is desirable to correct the situation. To do this, decisions are vacated in initial determination or adjustment. Claims may be vacated if an examiner or machine has made an error; or vacation of a determination may be necessary when a conditional fact changes, thereby changing the legal result. This is best illustrated by example. A man files a claim and states that he is able to work. Before the decision is made in ID, he reports to the local office that he is not able to work, having become disabled. This fact, however, is not on the examiner's desk, even though it is technically before the Administrator, and so the examiner allows the claim. The initial determination may then be vacated by the supervisor of ID and adjustment (one man supervises ID and Adjustment operations) but only in the event that the period for filing an appeal or protest has not run. An example of a vacation of a determination due to a change in a fact other than a conditional fact may also be given. A man files a claim stating that he was laid off because of lack of work. Before a decision is reached by the examiner in ID, the employer sends in a letter that the man quit. The ID examiner allows the claim, for this information is not on the examiner's desk although it is theoretically before the Administrator. The determination may then be vacated, providing the appeal or protest period has not run. A vacation is not a reversal of the initial or adjustment determination. After the vacation an investigation may be made, and upon the evidence resulting from the investigation, a determination will be reached by the same person who vacated the initial or adjustment determination, namely the ID and adjustment supervisor. This determination may or may not be the same as the determination prior to vacation. The determination made after vacation may be appealed or protested within the period allowed for appeal or protest.

APPEAL TO BOARD OF REVIEW

With the steps described in preceding sections, the administrative process within the BUC is complete. If no party takes further action for ten days after the mailing or delivery of the determination or decision of the Administrator (either initially or upon reconsideration), it becomes final.^{51a} However, the claimant, his most recent employer, and any employer in claimant's base period are interested parties having a right of appeal from the

decision to the Board of Review. Such a party may file his notice on form UCO-901,⁵² or by means of any written notice signed by himself. The notice may be filed with either the Administrator (including local offices) or with the Board, and if filed within ten days after the Administrator's determination or decision has been delivered to appellant or mailed to his last known address, it entitles him to a hearing and review of the case by the Board.

^{51a} The Second Amendment of 1949 provides for issuance of a corrected determination where, no appeal having been filed, a typographical or clerical error in the determination is discovered within the benefit year.

⁵² UCO-901, "Notice of Appeal from Decision of Administrator," carries: appeals docket number, claimant's name, address and SS number; statement that appeal is taken; date of Administrator's decision or determination; reasons for appeal; name of employer at time of separation, place of employment at time of separation and mailing address of employer (if claimant is appealing); signature of appellant; box for local office entry of filing date and place; whether appeal from ID or continued claims, date of mailing or delivery of claimant's copy, and attestation by Claims Examiner; box for Board data.